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CENTRAL FAX CENTER**OCT 28 2005****FAX TRANSMISSION****DATE:** October 28, 2005**PTO IDENTIFIER:** Application Number 09/065,082

Patent Number

Inventor: Pirooska E. Rakaczy et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS & ANGELL, LLP

Gregory B. Butler, Ph.D.

PHONE: (617) 439-4444**Attorney Dkt. #:** 63371(49917)**PAGES (Including Cover Sheet):** 4

CONTENTS:	Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page) Statement under 37 CFR 3.73(b) (1 page) Transmittal (1 page) Certificate of Transmission (1 page)
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CENTRAL FAX CENTER

OCT 28 2005

PTO/SB/07 (09-04)

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Application No. (if known): 09/065,082

Attorney Docket No.: 63371(49917)

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Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)
Statement under 37 CFR 3.73(b) (1 page)
Transmittal (1 page)

OCT 28 2005

PTO/SB/21 (09-04)

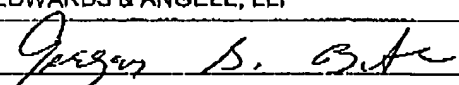
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number		09/065,082
		Filing Date		July 16, 1998
		First Named Inventor		Piroska E. Rakaczy
		Art Unit		1636
		Examiner Name		J. A. Dunston
Total Number of Pages in This Submission		Attorney Docket Number		63371(49917)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 37 CFR 3.73(b) (1 page)
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS & ANGELL, LLP		
Signature			
Printed name	Gregory B. Butler, Ph.D.		
Date	October 28, 2005	Reg. No.	34,558

OCT 28 2005

PTO/SB/82 (09-04)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/065,082
	Filing Date	July 16, 1998
	First Named Inventor	Piroska E. Rakaczy
	Art Unit	1636
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	63371(49917)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:
☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name: EDWARDS & ANGELL, LLP
Gregory B. Butler, Ph.D.
Address City Country State Zip Telephone Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature



Name

Tracey Brown, Research Director

Date

3 October 2005

Telephone

61 3 9298 2026

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

PTO/SB/98 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Piroska E. Rakacz et al.Application No./Patent No.: 09/065,082 Filed/Issue Date: July 16, 1998Entitled: HYALURONIC ACID AS DNA CARRIER FOR GENE THERAPY AND VEGF ANTISENSE DNA
TO TREAT ABNORMAL RETINAL VASCULARIZATIONMediatech Research Limited
(Name of Assignee), a _____
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

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[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Tracey Brown
Signature

3 October 2005
Date

Tracey Brown
Printed or Typed Name

613 9296 2026
Telephone Number

Research Director
Title